

FINANCIAL DISCLOSURE STATEMENT STATE ETHICS COMMISSION IC 4-2-6-8 State Form 40876 (R7 / 12-01)

FEB 1 7 2004

For the calendar year 2003

Check if this is an amendment to your current statement.

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430 N. Park #211, Indianapolis, IN 46202 perty and its location		
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PART 3 - NON - STATE EMPLOYERS (If you have no information to report in		1117
PART 3 - NON - STATE EMPLOYERS (If you have no information to report in		
	this section, put an "X" in this box)	
the name of your employer(s) and the employer(s) of your spouse and the nature of each		
r employer Nature of business		
First Source Bank bank		
use's employer Nature of business		

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PART 4 - SOLE PROPRIETORSHIP O	R PROFESSIONAL PRACTICE (If you have no information is section, put an "X" in this box)	· ,.' · ` ,		٠,
List any sole proprietorship owned or professional cractice operate		•	<u> </u>	,
Name of your business	Nature of business			
Name of spouse's business	Nature of spouse's business			
Do any clients for these businesses listed above have a business relationship Yes No				
List the name of any client or customer from whom you or your spouse red	coived more than thirty-three percent (33%) of your (or your spouse's)	non-state in	come in s	a year.
·				
			4 -	
PART 5 - PARTNERSHIPS (If you have no i	nformation to report in this section, put an "X" in this box)	X	•	-
List any partnership in which you or your spouse is a member and Name of partnership	the nature of the partnership business. Nature of partnership			
Name of spouse's partnership	Nature of spouse's partnership			
<u> </u>				
PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If yo	u have no information to report in this section, put an "X" i	n this box	X	
List the name of any corporation in which you or your spouse is a cl	ficer or director and the nature of the corporation's business. Ch	urches nee	d not be	listed.
Name of corporation	Nature of business			
Name of spouse's corporation	Nature of spouse's pusiness			·
<u> </u>	1			
PART 7 - STOCKHOLDER OF CORPORATION (If you i	have no information to report in this section, put an "X" in t	his box)		The contract of the contract o
List the name of any corporation in which you, your spouse, or you	r unemancipated children own stock or stock options having a f	air market	value in e	excess
of ten thousand dollars (\$10,000). A time or demand deposit in a fill Name of comparation	nancial institution or insurance policy need not be listed.	/SL73	120000	children's
First Source Corp.				
Milwaukee Heart Scan			1	: :
			1	<u> </u>
	•			
PART 8 - MOST RECENT EMPLOYER (If you have	ono information to report in this section, put an "X" in this	box)		
List the name and accress of your most recent farmer employer.	•			:
Name of your most recent farmer employer City of South Bend	Address street: 200, 200 gade)		<u></u>	;
orey or boden bend				

Gifts

Indianapolis Motor Speedway

Indianapolis Motor Speedway

Indianapolis Motor Speedway

Indianapolis Colts

Indianapolis Colts

James Strzelecki

St. Andrews Products

Michael Leep

Gurley-Leep Buick

Indianapolis Colts

Governor Robert Holden, Missouri

Michael Browning

Browning Investments

Indiananpolis Motor Speedway

Tickets to Indianapolis 500

Tickets to Brickyard 400

Tickets to U.S. Grand Prix

Tickets to Colts-Panthers game

Tickets to Colts-Texans game

Shirts and leather notepads

Indianapolis-South Bend flight

Tickets to Colts-Jets game

Hospitality gift assortment

Indianapolis-South Bend flight

Commemorative bowl

AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

Joseph E. Cemen

Date signed 2/13/04

Mail or deliver to the following address:

Indiana State Ethics Commission 402 West Washington Street, Room W189 Indianapolis IN 46204-2026 Telephone: (317) 232-3850